

momentum
health

marketing brochure
2016



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General disclaimers

This brochure is a marketing aid. On joining the Scheme, all Momentum Health members receive a detailed member brochure.

Note that Momentum Health may specify certain principles relating to the use of your benefits.

Scheme Rules will always take precedence and are available on request.

In terms of the Medical Schemes Act, medical schemes may apply waiting periods and/or late joiner penalties to new members joining the Scheme. If we do apply a waiting period and/or a late joiner penalty to your membership, we will let you know before we activate your cover.

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No matter how much wealth you have, it is difficult to enjoy quality of life if you are not in good health. Momentum Health helps you to safeguard and even improve your health, while also preserving and growing your wealth. From offering free preventative screenings, access to HealthReturns and savings on contributions to a strong claims paying ability, this philosophy underpins the growing popularity of Momentum Health.

Momentum Health's unique approach to healthcare means you can:

- save up to 35% on your contribution - without sacrificing any benefits - through **provider choice discounts**
See page 24 - 25 for more
- earn up to R5 400 per adult per year, get free GP visits and increase your in-hospital specialist cover through Momentum's **HealthReturns*** programme in only a few steps - including going for a free Health Assessment, complying with appropriate treatment where applicable, and being active
See Momentum Complementary Products for more
- enjoy a variety of free preventative care benefits under the **Health Platform** Benefit, including an annual Health Assessment, a host of maternity benefits and more
See page 18 -19 for more
- make provision for healthcare expenses, such as vitamins or co-payments, through the **HealthSaver***
See Momentum Complementary Products for more
- access emergency numbers, member details, claims statements and more through your cellphone on our **mobi app** or visit our mobisite at **momentumhealth.mobi**
See Momentum Complementary Products for more
- join **Multiply**, Momentum's wellness and rewards programme, and receive great discounts from more than 60 providers, such as Virgin Active, Pick n Pay, Edgars, Jet, CNA, Nu Metro and more

*HealthReturns and HealthSaver are complementary products offered by Momentum

Your health is your wealth



The Benefit Structure

Momentum Health's benefit structure is made up of four components:



Major Medical Benefit

The Major Medical Benefit provides cover for hospitalisation and certain out-of-hospital procedures that can safely be performed in a doctor's room, registered day clinic or out-patient facility, provided treatment is clinically appropriate and has been pre-authorised.



Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as doctors visits, prescribed medication, etc.

You have the choice of adding more day-to-day cover through the HealthSaver*.



Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. The Chronic Benefit includes cover for the 26 Chronic Disease List (CDL) conditions, which form part of the Prescribed Minimum Benefits (PMBs). Chronic benefits are subject to registration and approval.



HealthSaver*

Fund your day-to-day cover for free - Momentum's HealthSaver account lets you choose if you wish to contribute, when you want to, as much as you choose to. It also boosts the amount of HealthReturns you qualify for, leaving you with the funds to cover expenses ranging from vitamins to corrective eye surgery.



Health Platform Benefit

This benefit is available to all Momentum Health members and is paid by the Scheme (subject to pre-notification). Thus your day-to-day benefits are not reduced.

The Health Platform encourages health awareness, enhances quality of life and gives peace of mind through preventative care, early detection, leading maternity programme, management of certain diseases, health education and advice and emergency cover.

*HealthSaver and HealthReturns are complementary products offered by Momentum

Make the right choice

Momentum Health strives to offer you good value for money by combining flexibility with comprehensive cover, because it is important to match your family's healthcare needs. Use the following guide to find the option that best matches your needs. Healthcare expenses involve more than just the cost of your stay in hospital, it could be the cost of chronic medication (like pills to lower high blood pressure), day-to-day expenses (like visiting your doctor), and/or emergency care.

Step 1 Choose your level of cover

Ingwe Option



Major Medical Benefit

Specialists covered up to 100% of Momentum Health Rate
Hospital accounts covered in full at negotiated rate
Limited to R1 120 000 per family per year

Chronic Benefit

26 conditions - no annual limit applies

Day-to-day Benefit

Primary care (such as doctors visits, prescribed medicine, etc.)
Secondary care (Specialist visits)

HealthSaver +

Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket

Access Option



Major Medical Benefit

Specialists covered up to 100% of Momentum Health Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Chronic Benefit

26 conditions - no annual limit applies

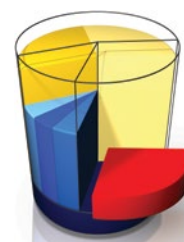
Day-to-day Benefit

Primary care (such as doctors visits, prescribed medicine, etc.)
Secondary care (Specialist visits)

HealthSaver +

Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket

Custom Option



Major Medical Benefit

Associated specialists covered in full
Other specialists covered up to 100% of Momentum Health Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies
R1 100 co-payment applies

Chronic Benefit

26 conditions - no annual limit applies

Day-to-day Benefit

Add the HealthSaver to provide cover for your day-to-day healthcare needs

HealthSaver +

Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket

*HealthSaver is a complementary product offered by Momentum

Step 2 Choose your provider

Ingwe Option



In-hospital

Any hospital, Ingwe Network hospitals* or State hospitals



Chronic and day-to-day

Ingwe Primary Care Network providers** or Ingwe Active Primary Care Network providers**



Formularies applicable to the Chronic Benefit

Network entry-level formulary

Access Option



In-hospital

Access Network hospitals*



Chronic and day-to-day

Access Primary Care Network providers**



Formularies applicable to the Chronic Benefit

Network entry-level formulary

Custom Option



In-hospital

Any or Associated hospitals*



Chronic

Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication) or State facilities



Formularies applicable to the Chronic Benefit

Any: Core formulary
Associated: Entry-level formulary
State: State formulary

* View a list of hospitals on page 26 ** View a list of these providers on www.momentumhealth.co.za

Step 3 Choose from a wide range of complementary Momentum products

You can choose to add a wide range of **additional products** available from Momentum. See Momentum Complementary Products for more information.

You need to consider these costs and decide what your specific needs are, for example, are you a single person whose only concern is ending up in hospital, or are you part of a family that includes young children, and are therefore likely to incur higher day-to-day expenses.

The option that you choose will determine how much you will pay, and how much cover you will have for the different types of healthcare expenses. You need to choose the option that best fits both your wallet and your healthcare needs.

Incentive Option



Major Medical Benefit

Associated specialists covered in full
Other specialists covered up to **200%** of Momentum Health Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Day-to-day Benefit

Savings
10% of total contribution

HealthSaver +

Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket

Chronic Benefit

26 conditions - no annual limit applies.
Additional **6** conditions limited to **R8 300** per family

Extender Option



Major Medical Benefit

Associated specialists covered in full
Other specialists covered up to **200%** of Momentum Health Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Day-to-day Benefit

Savings
25% of total contribution plus Extended Cover

HealthSaver +

Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket

Chronic Benefit

26 conditions - no annual limit applies.
Additional **36** conditions limited to **R8 300** per family

Summit Option



Major Medical Benefit

Associated specialists covered in full
Other specialists covered up to **300%** of Momentum Health Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Day-to-day Benefit

Paid from risk benefit, subject to overall day-to-day limit of **R21 000** per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the **36** additional chronic conditions.

HealthSaver +

Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket

Chronic Benefit

26 conditions - no annual limit applies.
Additional **36** conditions accumulate to the overall day-to-day limit of **R21 000** per beneficiary

Incentive Option



In-hospital

Any or Associated hospitals*



Chronic

Any (Any GP and any pharmacy),
Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication) or **State** facilities



Formularies applicable to the Chronic Benefit

Any: Standard formulary
Associated: Entry-level formulary
State: State formulary

Extender Option



In-hospital

Any or Associated hospitals*



Chronic

Any (Any GP and any pharmacy),
Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication) or **State** facilities



Formularies applicable to the Chronic Benefit

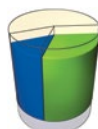
Any: Extended formulary
Associated: Entry-level formulary
State: State formulary

Summit Option



In-hospital

Any hospital



Chronic and day-to-day

Freedom-of-choice



Formularies applicable to the Chronic Benefit

Comprehensive formulary

Ingwe Option Overview

The Ingwe Option provides affordable access to entry-level cover. You have cover for hospitalisation up to R1 120 000 for your family per year. For your hospitalisation cover, you can choose to use either Any hospital, the Ingwe Network of private hospitals (see page 26 for this list), or State hospitals for an even lower monthly contribution. For chronic treatment and day-to-day benefits, such as doctors visits or prescribed medicine, you must consult Ingwe Primary Care Network providers or Ingwe Active Primary Care Network providers. If you choose Any hospital, please note that you may only use GPs on the Ingwe Active Primary Care Network. The Health Platform benefit provides cover for a range of preventative care benefits available from your Ingwe Primary Care Network provider. If you need more day-to-day cover, you can choose to make use of the HealthSaver. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.



How much will you pay per month?

1 Choose your monthly income		2 Choose your providers		3 Choose your family composition					
				1	2	3	4	5	6
< R600	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R305	R610	R496	R801	R992	R1 183	
			R305	R610	R496	R801	R992	R1 183	
			R305	R610	R496	R801	R992	R1 183	
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R305	R610	R496	R801	R992	R1 183	
			R305	R610	R496	R801	R992	R1 183	
			R305	R610	R496	R801	R992	R1 183	
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	Ingwe Active Primary Care Network chronic and day-to-day provider	R305	R610	R496	R801	R992	R1 183	
			R305	R610	R496	R801	R992	R1 183	
			R305	R610	R496	R801	R992	R1 183	
R601 - R5 800	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R510	R1 020	R785	R1 295	R1 570	R1 845	
			R638	R1 276	R930	R1 568	R1 860	R2 152	
			R829	R1 658	R1 140	R1 969	R2 280	R2 591	
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R583	R1 166	R864	R1 447	R1 728	R2 009	
			R812	R1 624	R1 116	R1 928	R2 232	R2 536	
			R1 158	R2 316	R1 508	R2 666	R3 016	R3 366	
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	Ingwe Active Primary Care Network chronic and day-to-day provider	R583	R1 166	R864	R1 447	R1 728	R2 009	
			R812	R1 624	R1 116	R1 928	R2 232	R2 536	
			R1 158	R2 316	R1 508	R2 666	R3 016	R3 366	
R5 801 - R7 800	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R583	R1 166	R864	R1 447	R1 728	R2 009	
			R812	R1 624	R1 116	R1 928	R2 232	R2 536	
			R1 158	R2 316	R1 508	R2 666	R3 016	R3 366	
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R812	R1 624	R1 116	R1 928	R2 232	R2 536	
			R1 158	R2 316	R1 508	R2 666	R3 016	R3 366	
			R1 158	R2 316	R1 508	R2 666	R3 016	R3 366	
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	Ingwe Active Primary Care Network chronic and day-to-day provider	R812	R1 624	R1 116	R1 928	R2 232	R2 536	
			R1 158	R2 316	R1 508	R2 666	R3 016	R3 366	
			R1 158	R2 316	R1 508	R2 666	R3 016	R3 366	
R7 801 - R10 400	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R681	R1 362	R976	R1 657	R1 952	R2 247	
			R1 133	R2 231	R1 466	R2 564	R2 897	R3 230	
			R1 584	R3 099	R1 955	R3 470	R3 841	R4 212	
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R681	R1 362	R976	R1 657	R1 952	R2 247	
			R1 133	R2 231	R1 466	R2 564	R2 897	R3 230	
			R1 584	R3 099	R1 955	R3 470	R3 841	R4 212	
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	Ingwe Active Primary Care Network chronic and day-to-day provider	R681	R1 362	R976	R1 657	R1 952	R2 247	
			R1 133	R2 231	R1 466	R2 564	R2 897	R3 230	
			R1 584	R3 099	R1 955	R3 470	R3 841	R4 212	
=> R10 401	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R1 183	R2 313	R1 539	R2 669	R3 025	R3 381	
			R1 606	R3 163	R2 079	R3 636	R4 109	R4 582	
			R2 029	R4 012	R2 618	R4 601	R5 190	R5 779	
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	Ingwe Primary Care Network chronic and day-to-day provider	R1 183	R2 313	R1 539	R2 669	R3 025	R3 381	
			R1 606	R3 163	R2 079	R3 636	R4 109	R4 582	
			R2 029	R4 012	R2 618	R4 601	R5 190	R5 779	
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	Ingwe Active Primary Care Network chronic and day-to-day provider	R1 183	R2 313	R1 539	R2 669	R3 025	R3 381	
			R1 606	R3 163	R2 079	R3 636	R4 109	R4 582	
			R2 029	R4 012	R2 618	R4 601	R5 190	R5 779	

All children are charged for

Major Medical Benefit

Benefit	Specialists covered up to 100% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group Limited to R1 120 000 per family per year
Provider	Any hospital, Ingwe Network hospitals or State hospitals
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions like cancer you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	10 days per admission
Renal dialysis and Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements (limit for hospital account only) Caesarean sections: Only emergency caesareans are covered	R24 300 per uncomplicated delivery R35 600 per complicated delivery
Neonatal intensive care	R51 000 per confinement
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R4 380 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Limited to Prescribed Minimum Benefits at State facilities
Prosthesis – external (Such as artificial arms or legs etc.)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans	Limited to Prescribed Minimum Benefits at State facilities
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities, 21-day sub-limit applies to drug and alcohol rehabilitation
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R10 600 per beneficiary
Private nursing and Hospice	Not covered
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider R28 400 per family R30 300 per family

Chronic Benefit

Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
General rule applicable to Chronic Benefits	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to a list of medicine, referred to as a Network entry-level formulary

Day-to-day Benefit

Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to the rules and provisions set by the network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Limited to Prescribed Minimum Benefits at State facilities
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs etc.)	Not covered
General practitioners	There is no limit to the number of times you may visit your Primary Care Network doctor. However, please note all visits from the 11th visit onwards must be pre-authorized
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (You need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply) Maximum of 2 visits per family per year Limited to R950 per event, 10% co-payment applies
Specialists	2 visits per family per year. Covered at 100% of Momentum Health Rate with a 10% co-payment, up to R1 480 per family per year, and/or R900 per event Subject to referral by your Ingwe Primary Care Network provider and pre-authorisation
Physiotherapy	Included in the specialist limit
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5
Pathology – basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology – basic (such as X-rays)	Specific list of black and white x-rays covered
MRI and CT scans	Limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary
Over-the-counter medication	Not covered

- This table represents a summary of the benefits for 2016
- Chronic and Day-to-day Benefits are only available from the Ingwe Primary Care Network or the Ingwe Active Primary Care Network
- If you choose Ingwe Network hospitals as your preferred provider for Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account
- If you choose State hospitals as your preferred provider for the Major Medical Benefit and do not use this provider, a co-payment will apply. This co-payment will be the difference in the cost between State facility charges and the amount charged by the provider you use
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- + HealthSaver is a complementary product offered by Momentum

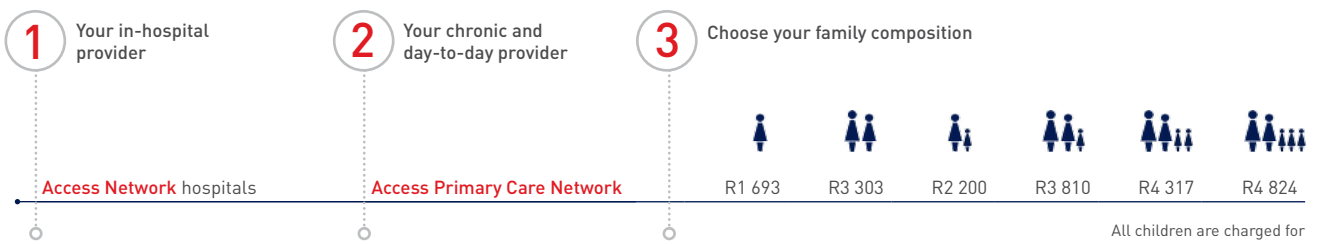
Access Option Overview

The Access Option provides cover for hospitalisation at the Access Network of private hospitals (see page 26 for this list). There is no overall annual limit for hospitalisation. For chronic treatment and day-to-day benefits, such as doctors visits or prescribed medicine, you must consult Access Primary Care Network providers. The Health Platform benefit provides cover for a range of preventative care benefits available from your Access Primary Care Network provider.

If you need more day-to-day cover, you can choose to make use of the HealthSaver. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.



How much will you pay per month?



Major Medical Benefit

Benefit	Specialists covered up to 100% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Access Network hospitals
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	12 days per admission
Renal dialysis and Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 300 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc.)	Intraocular lenses: R4 270 per beneficiary per event, maximum 2 events per year Other internal prostheses: R29 600 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc.)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans	Limited to Prescribed Minimum Benefits at State facilities
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R15 200 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R40 900 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider R28 400 per family R30 700 per family

Chronic Benefit

Provider	Access Primary Care Network
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
General rule applicable to Chronic Benefits	Benefits are only available from the Access Primary Care Network, and are subject to a list of medicine, referred to as a Network entry-level formulary

Day-to-day Benefit

Provider	Access Primary Care Network
Savings	Not applicable. You can choose to add the HealthSaver ⁺
General rule applicable to Day-to-day Benefits	Benefits are only available from the Access Primary Care Network, and are subject to the rules and provisions set by this network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Subject to Specialist limit
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs etc.)	Not covered
General practitioners	10 visits per beneficiary. From the 11 th visit onwards, you need to obtain authorisation and a R65 co-payment applies
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (You need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply) Maximum of 2 visits per family per year Limited to R950 per event, 10% co-payment applies
Specialists	3 visits per beneficiary, maximum of 5 visits per family. Covered at 100% of Momentum Health Rate, subject to referral by Access Primary Care Network provider and pre-authorisation
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5
Pathology – basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology – basic (such as X-rays)	Specific list of black and white x-rays covered
MRI and CT scans	Limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary
Over-the-counter medication	Not covered

- This table represents a summary of the benefits for 2016
- Chronic and Day-to-day Benefits are only available from the Access Primary Care Network
- If you do not use Access Network hospitals for Major Medical Benefits, you will have a co-payment of 30% on the hospital account
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- + HealthSaver is a complementary product offered by Momentum

Custom Option Overview

The Custom Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 26 for this list).

For chronic treatment, you can choose to have access to any doctor for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a further discount on your monthly contribution by selecting to use a list of Associated doctors for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and chronic medication to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of day-to-day benefits, such as preventative screening tests, certain check-ups and more. If you want cover for other day-to-day expenses like doctors visits or prescribed medicine, you can choose to make use of the HealthSaver. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.

There is a co-payment for Major Medical Benefits, except in the case of motor vehicle accidents, maternity confinements and emergency treatment.



How much will you pay per month?

1 Choose your in-hospital provider		2 Choose your chronic provider		3 Choose your family composition					
				1	2	3	4	5	6
				1	2	3	4	5	6
Associated in-hospital provider	Any chronic providers			R1 557	R2 785	R2 106	R3 334	R3 883	R4 432
	Associated chronic providers			R1 406	R2 495	R1 903	R2 992	R3 489	R3 986
	State chronic providers			R1 152	R2 023	R1 560	R2 431	R2 839	R3 247
Any in-hospital provider	Any chronic providers			R1 840	R3 317	R2 497	R3 974	R4 631	R5 288
	Associated chronic providers			R1 697	R3 022	R2 313	R3 638	R4 254	R4 870
	State chronic providers			R1 452	R2 548	R1 984	R3 080	R3 612	R4 144

Maximum of 3 children charged for

Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	R1 100 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment*. An additional co-payment may apply per authorisation for 17 specialist referral procedures - see page 22
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver ⁺ if available
Renal dialysis**	No annual limit applies
Oncology***	R300 000 per beneficiary per year, thereafter a 20% co-payment applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R16 600 cadaver costs R33 600 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 100 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from HealthSaver ⁺ if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans (in- and out-of-hospital)	No annual limit applies, subject to R1 910 co-payment per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 300 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Intraocular lenses: R4 490 per beneficiary per event, maximum 2 events per year Other internal prostheses: R39 600 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R19 200 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R30 200 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R41 400 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider No annual limit applies R58 800 per family

Chronic Benefit

Provider	Any, Associated or State
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits.
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day Benefit

Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver ⁺
General rule applicable to Day-to-day Benefits	Benefits are subject to HealthSaver ⁺ if available [see Momentum Complementary Products for more details on HealthSaver]
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver ⁺ if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver ⁺ if available
Dentistry – basic (such as extractions or fillings)	Subject to HealthSaver ⁺ if available
Dentistry – specialised (such as bridges or crowns)	Subject to HealthSaver ⁺ if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	Subject to HealthSaver ⁺ if available
General practitioners	Subject to HealthSaver ⁺ if available
Specialists	Subject to HealthSaver ⁺ if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver ⁺ if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver ⁺ if available
Radiology (such as X-rays)	Subject to HealthSaver ⁺ if available
MRI and CT scans	Covered from Major Medical Benefit, subject to R1 910 co-payment per scan
Prescribed medication	Subject to HealthSaver ⁺ if available
Over-the-counter medication	Subject to HealthSaver ⁺ if available

- This table represents a summary of the benefits for 2016
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- * See glossary on page 28 for the definition of emergency treatment
- ** Beneficiaries who have selected State as their chronic provider need to make use of State facilities for renal dialysis
- *** Newly diagnosed beneficiaries who have selected State as their chronic provider must obtain their oncology treatment from an oncologist authorised by the Scheme
- + HealthSaver is a complementary product offered by Momentum

Incentive Option Overview

The Incentive Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 26 for this list).

For chronic treatment, you can choose to have access to any doctor for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a further discount on your monthly contribution by selecting to use a list of Associated doctors for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and medication to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of day-to-day benefits, such as preventative screening tests, certain check-ups and more. 10% of your contribution goes to a dedicated Savings account to cover your other day-to-day expenses. If you need more day-to-day cover, you can choose to make use of the HealthSaver. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.



How much will you pay per month?

1 Choose your in-hospital provider		2 Choose your chronic provider		3 Choose your family composition					
				1	2	3	4	5	6
Associated in-hospital provider	Any chronic providers			R2 228	R4 020	R3 060	R4 852	R5 684	R6 516
	Associated chronic providers			R2 047	R3 675	R2 825	R4 453	R5 231	R6 009
	State chronic providers			R1 524	R2 720	R2 115	R3 311	R3 902	R4 493
Any in-hospital provider	Any chronic providers			R2 462	R4 462	R3 421	R5 421	R6 380	R7 339
	Associated chronic providers			R2 208	R3 979	R3 076	R4 847	R5 715	R6 583
	State chronic providers			R1 856	R3 318	R2 589	R4 051	R4 784	R5 517

Maximum of 3 children charged for

Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for 17 specialist referral procedures - see page 22
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Savings
Renal dialysis*	No annual limit applies
Oncology**	R400 000 per beneficiary per year, thereafter a 20% co-payment applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R16 600 cadaver costs R33 600 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 460 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Savings, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans (in- and out-of-hospital)	No annual limit applies, subject to R1 910 co-payment per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 300 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R136 000 per beneficiary, maximum 1 event per year Intraocular lenses: R5 800 per beneficiary per event, maximum 2 events per year Other internal prostheses: R41 400 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R19 200 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R30 700 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Treatment is covered for 18 months following the event
Medical rehabilitation, private nursing, Hospice and step-down facilities	R41 400 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider No annual limit applies R58 800 per family

Chronic Benefit

Provider	Any, Associated or State
Cover	Cover for 32 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 6 additional conditions - limited to R8 300 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day Benefit

Provider	Any
Savings	Fixed at 10% of total contribution
General rule applicable to Day-to-day Benefits	Benefits are subject to available Savings, claims are paid at cost with no sub-limits
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiroprody, Physiotherapy and Podiatry	Subject to Savings, if available
Mental health (incl. psychiatry and psychology)	Subject to Savings, if available
Dentistry – basic (such as extractions or fillings)	Subject to Savings, if available
Dentistry – specialised (such as bridges or crowns)	Subject to Savings, if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	Subject to Savings, if available
General practitioners	Subject to Savings, if available
Specialists	Subject to Savings, if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to Savings, if available
Pathology (such as blood sugar or cholesterol tests)	Subject to Savings, if available
Radiology (such as X-rays)	Subject to Savings, if available
MRI and CT scans	Covered from Major Medical Benefit, subject to R1 910 co-payment per scan
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

- This table represents a summary of the benefits for 2016
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- * Beneficiaries who have selected State as their chronic provider need to make use of State facilities for renal dialysis
- ** Newly diagnosed beneficiaries who have selected State as their chronic provider must obtain their oncology treatment from an oncologist authorised by the Scheme

Extender Option Overview

The Extender Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 26 for this list). For chronic treatment, you can choose to have access to any doctor for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a further discount on your monthly contribution by selecting to use a list of Associated doctors for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and medication to obtain the maximum contribution discount.



25% of your contribution is available in a Savings account to cover day-to-day expenses. If this component is not enough to cover your annual day-to-day expenses, you will also have access to the Extended Cover benefit which provides further cover for day-to-day benefits once your day-to-day claims have reached the Threshold (a pre-determined amount that is based on your family size). You can choose to make use of the HealthSaver for additional day-to-day expenses and to pay for out-of-pocket expenses before your Extended Cover is activated. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.

The Health Platform Benefit provides cover for a range of day-to-day benefits, such as preventative screening tests, certain check-ups and more.

How much will you pay per month?

1 Choose your in-hospital provider		2 Choose your chronic provider		3 Choose your family composition					
				1 person	2 people	3 people	4 people	5 people	6 people
Associated in-hospital provider	Any chronic providers			R4 061	R7 302	R5 336	R8 577	R9 852	R11 127
	Associated chronic providers			R3 743	R6 728	R4 919	R7 904	R9 080	R10 256
	State chronic providers			R3 303	R5 786	R4 320	R6 803	R7 820	R8 837
Any in-hospital provider	Any chronic providers			R4 616	R8 299	R6 064	R9 747	R11 195	R12 643
	Associated chronic providers			R4 153	R7 469	R5 453	R8 769	R10 069	R11 369
	State chronic providers			R3 780	R6 856	R4 940	R8 016	R9 176	R10 336

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for 17 specialist referral procedures - see page 22
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis*	No annual limit applies
Oncology**	R500 000 per beneficiary per year, thereafter a 20% co-payment applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R16 600 cadaver costs R33 600 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 460 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards limit
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans (in- and out-of-hospital)	No annual limit applies, subject to R1 910 co-payment per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 600 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R148 000 per beneficiary, maximum 1 event per year Intraocular lenses: R5 800 per beneficiary per event, maximum 2 events per year Other internal prostheses: R56 000 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc.)	R19 500 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R30 700 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Treatment is covered for 18 months following the event
Medical rehabilitation, private nursing, Hospice and step-down facilities	R42 700 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider No annual limit applies R58 800 per family
Chronic Benefit	
Provider	Any, Associated or State
Cover	Cover for 62 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - limited to R8 300 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Day-to-day Benefit	
Provider	Any or Associated (Members that have chosen Associated as their chronic provider must use an Associated GP for GP consultations)
Savings	Fixed at 25% of total contribution
General rule applicable to Day-to-day Benefits	25% of your contribution is available to cover day-to-day expenses. This is known as Savings. If this component is not enough to cover your annual day-to-day expenses, you will have a self-funding gap to pay out of your own pocket, up to the Threshold determined by your family size. Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover. Claims add up to the Threshold and are paid from Extended Cover at the Momentum Health Rate subject to the sub-limits specified below
Annual Threshold levels: Member: R14 900 Per adult dependant: R12 900 Per child: R4 400 (max. 3 children)	
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R16 100 per family
Dentistry – basic (such as extractions or fillings)	Unlimited within the provisions of the General Rule mentioned above
Dentistry – specialised (such as bridges or crowns)	R10 900 per beneficiary, R28 400 per family Both in-and out-of-hospital dental specialist accounts accumulate towards the limit
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	R19 800 per family R6 000 sub-limit for hearing aids
General practitioners	Depending on the chronic provider selected Any or State provider: Unlimited within the provisions of the General Rule mentioned above Associated providers: 100% of Momentum Health Rate for Associated GPs 70% of Momentum Health Rate for non-Associated GPs
Specialists	Unlimited within the provisions of the General Rule mentioned above
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R3 370 per beneficiary Frame sub-limit of R1 840
Pathology (such as blood sugar or cholesterol tests)	Unlimited within the provisions of the General Rule mentioned above
Radiology (such as X-rays)	Unlimited within the provisions of the General Rule mentioned above
MRI and CT scans	Covered from Major Medical Benefit, subject to R1 910 co-payment per scan
Prescribed medication	R14 200 per beneficiary, R26 700 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)

- This table represents a summary of the benefits for 2016
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)

* Beneficiaries who have selected State as their chronic provider need to make use of State facilities for renal dialysis

** Newly diagnosed beneficiaries who have selected State as their chronic provider must obtain their oncology treatment from an oncologist authorised by the Scheme

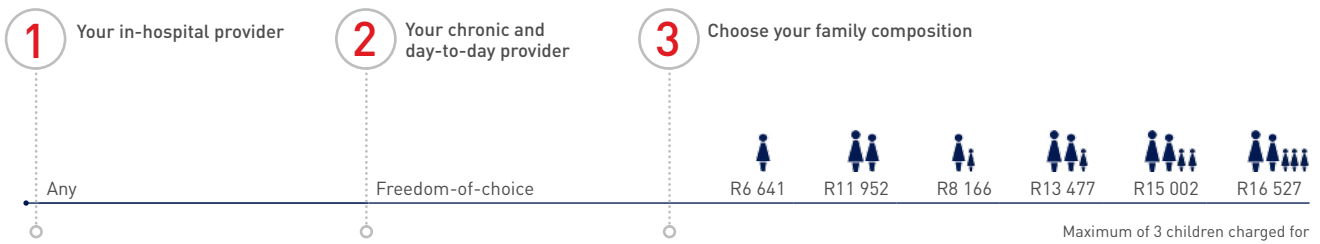
Summit Option Overview

The Summit Option provides cover for hospitalisation at any hospital. There is no overall annual limit for hospitalisation. Extensive day-to-day and chronic benefits are available from any provider. Should you wish, you can choose to use the HealthSaver to increase your day-to-day cover even further. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.

The Health Platform Benefit provides cover for a range of day-to-day benefits, such as preventative screening tests, certain check-ups and more.



How much will you pay per month?



Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 300% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R16 600 cadaver costs R33 600 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards overall day-to-day limit of R21 000 per beneficiary
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans (in- and out-of-hospital)	No annual limit applies, subject to R1 910 co-payment per scan
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc.)	R5 600 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R148 000 per beneficiary, maximum 1 event per year Intraocular lenses: R5 800 per beneficiary per event, maximum 2 events per year Other internal prostheses: R56 000 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc.)	R19 500 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R30 700 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Treatment is covered for 18 months following the event
Medical rehabilitation, private nursing, Hospice and step-down facilities	R42 700 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider No annual limit applies R58 800 per family

Chronic Benefit

Provider	You can use any provider of your choice
Cover	Cover for 62 conditions 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - accumulate to overall day-to-day limit of R21 000 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day Benefit

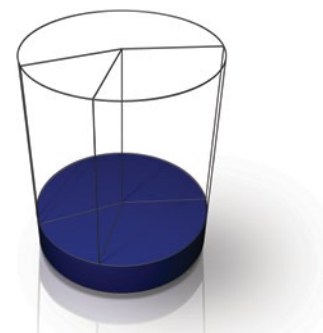
Provider	You can use any provider of your choice
Savings	Not applicable. You can add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are paid at 100% of the Momentum Health Rate, subject to the annual sub-limits specified below and an overall day-to-day limit of R21 000 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R6 000 per family. Subject to overall annual day-to-day limit of R21 000 per beneficiary
Mental health (incl. psychiatry and psychology)	R18 000 per family. Subject to overall annual day-to-day limit of R21 000 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R21 000 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R12 700 per beneficiary, R30 200 per family. Subject to overall annual day-to-day limit of R21 000 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	R24 400 per family. R14 200 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R21 000 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R21 000 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R21 000 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R3 680 per beneficiary. Frame sub-limit of R1 900 Subject to overall annual day-to-day limit of R21 000 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R21 000 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R21 000 per beneficiary
MRI and CT scans	Covered from Major Medical Benefit, subject to R1 910 co-payment per scan
Prescribed medication	R16 400 per beneficiary, R26 800 per family. Subject to overall annual day-to-day limit of R21 000 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

- This table represents a summary of the benefits for 2016
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- + HealthSaver is a complementary product offered by Momentum

Health Platform Benefit

Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, **provided you notify us before using the benefit**. You can pre-notify by contacting the member call centre on 0860 11 78 59, logging on to www.momentumhealth.co.za or via the mobi app.

On the Ingwe and Access Options, Health Platform Benefits are only available from Ingwe or Access Primary Care Network providers.



Benefit	Who?	How often?
Early detection tests		
Health Assessment (pre-notification not required): Body Mass Index, Blood pressure test, Cholesterol (finger prick test) and Blood sugar test (finger prick test)	All adult beneficiaries	Once a year
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist)	Women 15 and older	Once a year
Pap smear consultation (GP)	Women 15 and older	Once a year
Pap smear consultation (GP* or gynaecologist)	Women 15 and older	Once a year
Mammogram	Women 38 and older	Once every 2 years
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years
General physical examination (GP* consultation)	Beneficiaries 21 to 29	Once every 5 years
	Beneficiaries 30 to 59	Once every 3 years
	Beneficiaries 60 to 69	Once every 2 years
	Beneficiaries 70 and older	Once a year
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years
	Men 50 to 59	Once every 3 years
	Men 60 to 69	Once every 2 years
	Men 70 and older	Once a year
Cholesterol test (pathologist)**	Adult beneficiaries	Once a year
Blood sugar test (pathologist)***	Adult beneficiaries	Once a year
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years
	Beneficiaries 50 and older	Once a year
HIV test	Beneficiaries 15 and older	Once every 5 years
Preventative care		
Baby immunisations (On Ingwe and Access, available at nearest State baby clinic)	Children up to age 6	As required by the Department of Health
Flu vaccines	Beneficiaries under 18	Once a year
	Beneficiaries 60 and older	
	High-risk beneficiaries	
Tetanus diphtheria injection	All beneficiaries	As needed
Pneumococcal vaccine	Beneficiaries 60 and older	Once a year
	High-risk beneficiaries	
Maternity programme (subject to registration on the Maternity Management Programme between 8 and 20 weeks of pregnancy)		
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	4 visits
	Women registered on the programme	12 visits
Urine tests (dipstick)	Women registered on the programme	Included in antenatal visits
Scans (1 before 24th week and 1 after)	Women registered on the programme	2 growth scans
	Women registered on the programme	2 pregnancy scans
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year
Disease management programmes		
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	All beneficiaries registered on the appropriate programme	As needed
Health line		
24-hour emergency health advice	All beneficiaries	As needed
Emergency evacuation		
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency
International evacuation by ISOS	All beneficiaries	In an emergency
International emergency cover by ISOS		
Ingwe: Not covered Access: R3.18 million Custom: R7.21 million Incentive: R7.53 million Extender: R7.74 million Summit: R8.48 million	This benefit includes R14 600 for emergency optometry, R14 600 for emergency dentistry and R720 000 terrorism cover, on all options, except Ingwe. A R1 380 co-payment applies per out-patient claim	Per beneficiary per 90-day journey In an emergency

Please note

* On the Custom, Incentive and Extender Options, if you choose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the GP consultations

** The cholesterol test is covered if Health Assessment results indicate a total cholesterol of 6 mmol/L and above

*** The blood sugar test is covered if Health Assessment results indicate blood sugar levels are 11 mmol/L and above

Specialised Procedures/Treatment

The following list is a guideline of the procedures/treatment covered on the various benefit options and paid from the Major Medical Benefit, irrespective of whether the procedure is performed in- or out-of-hospital. Pre-authorisation is required regardless of where the procedure is performed. It is important to note that this is not the complete list of all procedures covered by the Scheme. Should you need clarity on whether a procedure is covered, please contact pre-authorisation to confirm.

Cardiovascular	Ingwe	Access	Custom	Incentive	Extender	Summit
24-hour halter ECG			●	●	●	●
Blood transfusions			●	●	●	●
Carotid angiograms			●	●	●	●
Coronary angiogram			●	●	●	●
Coronary angioplasty			●	●	●	●
Plasmapheresis			●	●	●	●
ENT	Ingwe	Access	Custom	Incentive	Extender	Summit
Antroscopies			●	●	●	●
Direct laryngoscopy			●	●	●	●
Grommets	●	●	●	●	●	●
Myringotomy	●	●	●	●	●	●
Nasal cautery	●	●	●	●	●	●
Nasal scans and surgery			●	●	●	●
Functional nasal and sinus surgery			●	●	●	●
Tonsillectomy	●	●	●	●	●	●
General surgery	Ingwe	Access	Custom	Incentive	Extender	Summit
Biopsy of breast lump	●	●	●	●	●	●
Drainage of subcutaneous abscess	●	●	●	●	●	●
Removal of extensive skin lesions	●	●	●	●	●	●
Laparoscopy			●	●	●	●
Lymph node biopsy	●	●	●	●	●	●
Nail surgery			●	●	●	●
Open hernia repairs	●	●	●	●	●	●
Superficial foreign body removal	●	●	●	●	●	●
Gastro-Intestinal	Ingwe	Access	Custom	Incentive	Extender	Summit
Colonoscopy			●	●	●	●
ERCP			●	●	●	●
Gastrosopies			●	●	●	●
Oesophagoscopy			●	●	●	●
Sigmoidoscopy			●	●	●	●
Gynaecology	Ingwe	Access	Custom	Incentive	Extender	Summit
Cervical laser ablation			●	●	●	●
Colposcopy	●	●	●	●	●	●
Cone biopsy	●	●	●	●	●	●
Dilatation and curettage	●	●	●	●	●	●
Hysteroscopy			●	●	●	●
Incision and drainage of Bartholin's cyst	●	●	●	●	●	●
Marsupialisation of Bartholin's cyst	●	●	●	●	●	●
Tubal ligation	●	●	●	●	●	●
Neurology	Ingwe	Access	Custom	Incentive	Extender	Summit
48-hour halter EEG			●	●	●	●
Electro-convulsive therapy			●	●	●	●
Hyperbaric oxygen treatment for decompression sickness			●	●	●	●
Myelogram			●	●	●	●
Obstetrics	Ingwe	Access	Custom	Incentive	Extender	Summit
Amniocentesis			●	●	●	●
Childbirth in non-hospital	●	●	●	●	●	●
Oncology	Ingwe	Access	Custom	Incentive	Extender	Summit
Chemotherapy (On Ingwe and Access Options: limited to Prescribed Minimum Benefits at State facilities)	●	●	●	●	●	●
Hyperbaric oxygen for radiation necrosis			●	●	●	●
Radiotherapy (On Ingwe and Access Options: limited to Prescribed Minimum Benefits at State facilities)	●	●	●	●	●	●

Ophthalmology	Ingwe	Access	Custom	Incentive	Extender	Summit
Cataract removal			●	●	●	●
Meibomian cyst excision	●	●	●	●	●	●
Pterygium removal			●	●	●	●
Trabeculectomy			●	●	●	●
Orthopaedic	Ingwe	Access	Custom	Incentive	Extender	Summit
Arthroscopy			●	●	●	●
Bunionectomy			●	●	●	●
Carpal tunnel release	●	●	●	●	●	●
Ganglion surgery	●	●	●	●	●	●
Renal	Ingwe	Access	Custom	Incentive	Extender	Summit
Dialysis (On Ingwe and Access Options: limited to Prescribed Minimum Benefits at State facilities)	●	●	●	●	●	●
Respiratory	Ingwe	Access	Custom	Incentive	Extender	Summit
Bronchography			●	●	●	●
Bronchoscopy			●	●	●	●
Urology	Ingwe	Access	Custom	Incentive	Extender	Summit
Cystoscopy			●	●	●	●
Prostate biopsy	●	●	●	●	●	●
Vasectomy	●	●	●	●	●	●

Please note:

- The costs of anaesthetists for gastroscopies and colonoscopies are covered up to R400 on Custom, up to R800 on Incentive and Extender, and up to R1 000 on Summit (subject to pre-authorisation). For all other procedures, the cost of anaesthetists, if any, are covered if clinically appropriate
- The Specialised Procedures listed attract a co-payment of R1 100 per authorisation on the Custom Option. This co-payment may vary for some of the procedures, as per the table on page 22
- Some of the Specialised Procedures listed could attract a co-payment on the Incentive and Extender Options, as illustrated on page 22



Co-payments for the 17 specialist referral procedures on the Custom Option

Procedure/treatment	If performed out-of-hospital	If performed in-hospital
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Can only be performed in-hospital	
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies	Paid by Scheme Custom Option standard co-payment reduces to R450* per authorisation	Paid by Scheme Custom Option standard co-payment of R1 100* per authorisation applies
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from HealthSaver* if available (No co-payment applies)	

* An additional R650 co-payment will apply if you do not obtain an appropriate GP referral (i.e. Any GP for members who choose Any or State chronic provider, or Associated GP for members who choose Associated chronic provider)

+ HealthSaver is a complementary product offered by Momentum

Co-payments for the 17 specialist referral procedures on the Incentive and Extender Options

Procedure/treatment	If performed out-of-hospital	If performed in-hospital
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Can only be performed in-hospital	
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies	Paid by Scheme R0* co-payment	Paid by Scheme R1 100* co-payment per authorisation applies
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from available day-to-day benefits (No co-payment applies)	

* An additional R650 co-payment will apply if you do not obtain an appropriate GP referral (i.e. Any GP for members who choose Any or State chronic provider, or Associated GP for members who choose Associated chronic provider)

Chronic Benefit

Members on the Ingwe and Access Options

Benefits are only available from Ingwe or Access Primary Care Network providers and are subject to a Network entry-level formulary for medicine.

Members on the Custom, Incentive and Extender Options

The chronic provider you have chosen determines how you get your chronic prescription and medication, as follows:

- **Any:**
You may get your chronic prescription and medication from any provider, subject to your option specific formulary. If you choose to get your medication from the preferred list of medicines, and within the generic reference price if applicable, you will not have a co-payment. If you choose to get your medication from outside the formulary (i.e. non-preferred items), a co-payment is payable. A dispensing fee co-payment may also be payable when using pharmacies other than Clicks, Dis-Chem or Medipost.
- **Associated:**
You must get your chronic prescription from an Associated GP and your chronic medication from Medipost, subject to an entry-level formulary.

If you choose to:

- get your medication from outside the formulary, a co-payment of the cost difference between the selected item and the formulary price is payable;
- obtain your chronic prescription from a non-Associated GP, the Scheme will only pay 50% of the Momentum Health Rate for the consultation;
- get your chronic medication from a pharmacy other than Medipost, Momentum Health will only pay 50% of the formulary price for the medicine.
- **State:**
You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary.

Members on the Summit Option

You have the freedom of choice to get your chronic prescription and medication from any provider, subject to a comprehensive formulary.

Chronic Benefit (continued)

Chronic benefits are subject to registration and approval.

The following 26 Chronic Disease List conditions are covered on the Ingwe, Access, Custom, Incentive, Extender and Summit Options:

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac dysrhythmias
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease
- Chronic renal disease
- Coronary artery disease
- Crohn's disease (excl. biologicals such as Revellex*)
- Diabetes insipidus
- Diabetes mellitus Type 1
- Diabetes mellitus Type 2
- Epilepsy
- Glaucoma
- Haemophilia
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple sclerosis (excl. biologicals such as Avonex*, subject to protocols)
- Parkinson's disease
- Rheumatoid arthritis (excl. biologicals such as Revellex and Enbrel*)
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

On the Incentive Option, an additional 6 conditions are covered, subject to a limit of R8 300 per family per year:

- Acne
- ADHD (Attention Deficit Hyperactivity Disorder)
- Allergic rhinitis
- Eczema
- Pemphigus
- Psoriasis

On the Extender Option, an additional 36 conditions are covered, subject to a limit of R8 300 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R21 000 per beneficiary per year:

- Acne
- ADHD (Attention Deficit Hyperactivity Disorder)
- Allergic rhinitis
- Ankylosing spondylitis
- Aplastic anaemia
- Benign prostatic hypertrophy
- Cushing's disease
- Cystic fibrosis
- Dermatomyositis
- Eczema
- Gout
- Hypoparathyroidism
- Immunosuppression therapy for transplants
- Major depression
- Menopause
- Motor neuron disease
- Muscular dystrophy and other inherited myopathies
- Myasthenia gravis
- Narcolepsy
- Obsessive compulsive disorder
- Oncology - ancillary treatment
- Osteopenia
- Osteoporosis
- Other seizure disorders
- Paraplegia/Quadriplegia
- Pemphigus
- Pituitary microadenomas
- Post-traumatic stress syndrome
- Psoriasis
- Scleroderma
- Stroke
- Systemic sclerosis
- Thromboangiitis obliterans
- Thrombocytopenic purpura
- Unipolar disorder
- Valvular heart disease

* These are examples of medication not covered

Individual Contributions

Ingwe Option		P	A	C	
Monthly income	< R600	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R305	R305	R191
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R305	R305	R191
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R305	R305	R191
	R601 - R5 800	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R510	R510	R275
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R638	R638	R292
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R829	R829	R311
	R5 801 - R7 800	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R583	R583	R281
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R812	R812	R304
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R1 158	R1 158	R350
	R7 801 - R10 400	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R681	R681	R295
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R1 133	R1 098	R333
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R1 584	R1 515	R371
	=> R10 401	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R1 183	R1 130	R356
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R1 606	R1 557	R473
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R2 029	R1 983	R589

Access Option	P	A	C
Access Network in-hospital and Access Network chronic and day-to-day provider	R1 693	R1 610	R507

Custom Option	P	A	C	
Associated in-hospital provider	Any chronic providers	R1 557	R1 228	R549
	Associated chronic providers	R1 406	R1 089	R497
	State chronic providers	R1 152	R871	R408
Any in-hospital provider	Any chronic providers	R1 840	R1 477	R657
	Associated chronic providers	R1 697	R1 325	R616
	State chronic providers	R1 452	R1 096	R532

Incentive Option		P	A	C	
Associated in-hospital provider	Any chronic providers	Total contribution	R2 228	R1 792	R832
		Risk contribution	R2 005	R1 613	R749
		Savings 10%	R223	R179	R83
		Annual Savings	R2 676	R2 148	R996
	Associated chronic providers	Total contribution	R2 047	R1 628	R778
		Risk contribution	R1 842	R1 465	R700
		Savings 10%	R205	R163	R78
		Annual Savings	R2 460	R1 956	R936
	State chronic providers	Total contribution	R1 524	R1 196	R591
		Risk contribution	R1 372	R1 076	R532
		Savings 10%	R152	R120	R59
		Annual Savings	R1 824	R1 440	R708

Incentive Option (continued)

		P	A	C	
Any in-hospital provider	Any chronic providers	Total contribution	R2 462	R2 000	R959
		Risk contribution	R2 216	R1 800	R863
		Savings 10%	R246	R200	R96
		Annual Savings	R2 952	R2 400	R1 152
	Associated chronic providers	Total contribution	R2 208	R1 771	R868
		Risk contribution	R1 987	R1 594	R781
		Savings 10%	R221	R177	R87
		Annual Savings	R2 652	R2 124	R1 044
	State chronic providers	Total contribution	R1 856	R1 462	R733
		Risk contribution	R1 670	R1 316	R660
		Savings 10%	R186	R146	R73
		Annual Savings	R2 232	R1 752	R876

Extender Option

		P	A	C	
Associated in-hospital provider	Any chronic providers	Total contribution	R4 061	R3 241	R1 275
		Risk contribution	R3 046	R2 431	R956
		Savings 25%	R1 015	R810	R319
		Annual Savings	R12 180	R9 720	R3 828
		Threshold	R14 900	R12 900	R4 400
	Associated chronic providers	Total contribution	R3 743	R2 985	R1 176
		Risk contribution	R2 807	R2 239	R882
		Savings 25%	R936	R746	R294
		Annual Savings	R11 232	R8 952	R3 528
		Threshold	R14 900	R12 900	R4 400
	State chronic providers	Total contribution	R3 303	R2 483	R1 017
		Risk contribution	R2 477	R1 862	R763
Savings 25%		R826	R621	R254	
Annual Savings		R9 912	R7 452	R3 048	
Threshold		R14 900	R12 900	R4 400	
Any in-hospital provider	Any chronic providers	Total contribution	R4 616	R3 683	R1 448
		Risk contribution	R3 462	R2 762	R1 086
		Savings 25%	R1 154	R921	R362
		Annual Savings	R13 848	R11 052	R4 344
		Threshold	R14 900	R12 900	R4 400
	Associated chronic providers	Total contribution	R4 153	R3 316	R1 300
		Risk contribution	R3 115	R2 487	R975
		Savings 25%	R1 038	R829	R325
		Annual Savings	R12 456	R9 948	R3 900
		Threshold	R14 900	R12 900	R4 400
	State chronic providers	Total contribution	R3 780	R3 076	R1 160
		Risk contribution	R2 835	R2 307	R870
Savings 25%		R945	R769	R290	
Annual Savings		R11 340	R9 228	R3 480	
Threshold		R14 900	R12 900	R4 400	

Summit Option

	P	A	C
Any in-hospital and Freedom-of-choice chronic and day-to-day provider	R6 641	R5 311	R1 525

P = Principal A = Adult C = Child
Child rates apply to dependants younger than 21

On the Ingwe and Access Options, all children are charged for. On the Custom, Incentive, Extender and Summit Options, a maximum of 3 children are charged for

List of hospitals

Members on the **Ingwe Option** can choose between **Any hospital**, **Ingwe Network hospitals** or **State hospitals**

Members on the **Access Option** need to use **Access Network hospitals**

Members on the **Custom**, **Incentive** and **Extender Options** can choose between **Any** or **Associated hospitals**

Eastern Cape		Ingwe Network	Access Network	Associated Hospitals
Life Beacon Bay Hospital	Beacon Bay - East London	●	●	●
Isivivana Private Hospital	Humansdorp			●
East London Private Hospital	East London	●		●
Settlers Private Hospital	Grahamstown		●	
Greenacres Hospital	Greenacres - Port Elizabeth		●	
New Mercantile Hospital	Korsten - Port Elizabeth	●		●
Port Alfred Hospital	Port Alfred		●	
Hunterscraig Psychiatric Hospital	Port Elizabeth			●
St Georges Hospital	Port Elizabeth	●		●
Queenstown Private Hospital	Queenstown	●		●
St. Dominic's Hospital	Southernwood - East London	●	●	●
St James Operating Theatres	Southernwood - East London	●		●
St Marks Clinic	Southernwood - East London	●		●
Cuyler Hospital	Uitenhage		●	●
St Mary's Private Hospital	Umtata	●		●

Free State		Ingwe Network	Access Network	Associated Hospitals
Hoogland Mediclinic	Bethlehem	●	●	●
Bloemfontein Eye Hospital	Bloemfontein			●
Pasteur Hospital	Bloemfontein	●		●
Pelonomi Hospital	Bloemfontein		●	
Rosepark Hospital	Fichardtpark - Bloemfontein	●		●
Welkom Mediclinic	Welkom	●	●	●
Bloemfontein Mediclinic	Bloemfontein			●
Universitas Private Hospital	Bloemfontein		●	
Kroon Hospital	Kroonstad		●	
Vaalpark Medical Centre	Sasolburg		●	

Gauteng		Ingwe Network	Access Network	Associated Hospitals
Clinton Hospital	Alberton		●	
Union Hospital	Alberton		●	
Femina Clinic	Arcadia - Pretoria		●	
Muelmed Hospital	Arcadia - Pretoria			●
Pretoria Heart Hospital	Arcadia - Pretoria			●
Netcare Rehabilitation Hospital	Auckland Park - Johannesburg		●	
Bedford Gardens Private Hospital	Bedfordview - Johannesburg	●		●
Glynnview Hospital	Benoni			●
The Glynnwood	Benoni	●		●
Linmed Hospital	Benoni		●	
Rand Clinic	Berea - Johannesburg		●	
Birchmed Day Clinic	Birchleigh - Johannesburg			●
Sunward Park Hospital	Boksburg		●	
Dalview Clinic	Brakpan	●		●
Brooklyn Surgical Centre	Brooklyn - Pretoria	●		●
Sandton Mediclinic	Bryanston - Johannesburg			●
Unitas Hospital	Centurion		●	
Mayo Clinic	Constantia Kloof - Johannesburg			●
Bougainville Private Hospital	Daspoort - Pretoria		●	
Wilgers Hospital	Die Wilgers - Pretoria	●		●
Kloof Hospital	Erasmuskloof - Pretoria			●
Faerie Glen Hospital	Faerie Glen - Pretoria	●		●
Flora Clinic	Florida - Johannesburg	●		●

Gauteng (continued)

Gauteng (continued)		Ingwe Network	Access Network	Associated Hospitals
Fourways Hospital	Fourways			●
Little Company of Mary	Groenkloof - Pretoria	●		●
Suikerbosrand Clinic	Heidelberg	●	●	●
Medgate Day Clinic	Helderkruijn - Johannesburg			●
Bagleyston Day Clinic	Highlands - Johannesburg		●	
Park Lane Clinic	Houghton - Johannesburg		●	
Akasia Clinic	Karen Park - Pretoria		●	
Arwyp Medical Centre	Kempton Park	●	●	
New Kensington Clinic	Kensington - Johannesburg	●		●
Bellstreet Hospital	Krugersdorp		●	
Krugersdorp Private Hospital	Krugersdorp		●	
Protea Clinic	Krugersdorp		●	
Lenmed Clinic Limited	Lenasia	●		
Eugene Marais Hospital	Les Marais - Pretoria	●		●
Linksfield Park Clinic	Linksfield - Johannesburg		●	
Legae Private Clinic	Mabopane - Pretoria	●		●
Garden City Clinic	Mayfair - Johannesburg		●	
Carstenhof Clinic	Midrand	●		●
Waterfall City Hospital	Midrand		●	
Montana Private Hospital	Montana Park - Pretoria		●	
Pretoria East Private Hospital	Moreleta Park - Pretoria		●	
Morningside Mediclinic	Morningside - Johannesburg			●
Jakaranda Hospital	Muckleneuck - Pretoria		●	
Mulbarton Hospital	Mulbarton		●	
Riverfield Lodge	Nietgedacht - Johannesburg	●		●
Rosewood Clinic	Orange Grove - Johannesburg		●	
The Donald Gordon	Parktown - Johannesburg			●
Brenthurst Clinic	Parktown - Johannesburg	●		●
Milpark Hospital	Parktown - Johannesburg		●	
Pretoria North Surgical Centre	Pretoria North			●
Roseacres Clinic	Primrose - Johannesburg	●	●	●
Olivedale Clinic	Randburg - Johannesburg		●	
Robinson Hospital	Randfontein	●	●	●
Moot General Hospital	Rietfontein - Pretoria		●	
Constantia Clinic	Roodepoort		●	
Wilgeheuwel Hospital	Roodepoort	●		●
Rosebank Clinic	Rosebank - Johannesburg		●	
Genesis Clinic	Saxonwold - Johannesburg			●
Clinix Tshepo	Soweto - Johannesburg	●	●	
Springs Parkland Clinic	Springs	●		●
N17 Private Hospital	Springs		●	
St Mary's Womens Clinic	Springs	●		●
Sunninghill Hospital	Sunninghill - Johannesburg		●	
Medforum Hospital	Sunnyside - Pretoria			●
Pretoria Gynaecology Hospital	Sunnyside - Pretoria			●
Emfuleni Mediclinic	Vanderbijlpark	●		●
Vereeniging Mediclinic	Vereeniging		●	●
Clinix Naledi	Vereeniging	●		

Members on the **Ingwe Option** can choose between **Any hospital, Ingwe Network hospitals** or **State hospitals**

Members on the **Access Option** need to use **Access Network hospitals**

Members on the **Custom, Incentive and Extender Options** can choose between **Any** or **Associated hospitals**

Kwazulu-Natal		Ingwe Network	Access Network	Associated Hospitals
Kingsway Hospital	Amanzimtoti		●	
Alberlito Hospital	Ballito		●	
Entabeni Hospital	Berea - Durban	●		●
Chatsmed Garden Hospital	Chatsworth - Durban	●		●
City Hospital	Durban	●		●
Durdoc Clinic	Durban	●		
Maxwell Clinic	Durban	●		●
St Augustines Hospital	Durban		●	
Empangeni Garden Clinic	Empangeni	●	●	●
Hillcrest Private Hospital	Hillcrest - Durban			●
Howick Private Hospital	Howick			●
Isipingo Hospital	Isipingo	●		●
La Verna Hospital	Ladysmith	●		
Margate Private Hospital	Margate	●	●	●
Newcastle Private Hospital	Newcastle	●	●	●
Parklands Hospital	Overport - Durban		●	
Mount Edgecombe Hospital	Phoenix - Durban	●		●
Midlands Medical Centre	Pietermaritzburg	●		●
Pietermaritzburg Mediclinic	Pietermaritzburg			●
St Annes Hospital	Pietermaritzburg		●	
The Crompton Hospital	Pinetown	●	●	●
Hibiscus Hospital	Port Shepstone	●		●
The Bay Hospital	Richards Bay		●	●
Victoria Hospital	Tongaat			●
Umhlanga Hospital	Umhlanga		●	●
Westville Hospital	Westville - Durban	●		●

Limpopo		Ingwe Network	Access Network	Associated Hospitals
Lephalale Mediclinic	Lephalale			●
Limpopo Mediclinic	Potokwane	●	●	●
Tzaneen Private Hospital	Tzaneen	●	●	●
Thabazimbi Mediclinic	Thabazimbi		●	

Mpumalanga		Ingwe Network	Access Network	Associated Hospitals
Barberton Mediclinic	Barberton		●	●
Bronkhorstspuit Hospital	Bronkhorstspuit	●	●	
Midmed Hospital	Middelburg	●	●	●
Ermelo Mediclinic	Ermelo	●	●	●
Kiaat Private Hospital	Mbombela (Nelspruit)	●		
Lowveld Hospital	Mbombela (Nelspruit)		●	●
Nelspruit Mediclinic	Mbombela (Nelspruit)	●		●
Secunda Mediclinic	Secunda	●	●	●
Highveld Mediclinic	Trichardt	●	●	●
Cosmos Hospital	Emalaheni (Witbank)	●	●	●

North West

		Ingwe Network	Access Network	Associated Hospitals
Brits Mediclinic	Brits		●	●
Anncron Clinic	Klerksdorp	●	●	●
Victoria Private Hospital	Mafikeng	●		
Potchefstroom Mediclinic	Potchefstroom	●	●	●
Ferncrest Hospital	Rustenburg		●	
Peglerae Hospital	Rustenburg	●		●
Vryburg Private Hospital	Vryburg	●		●

Northern Cape

		Ingwe Network	Access Network	Associated Hospitals
Kathu Private Hospital	Kathu	●		●
Kimberley Mediclinic	Kimberley	●	●	●
Upington Mediclinic	Upington		●	●

Western Cape

		Ingwe Network	Access Network	Associated Hospitals
Bellville Medical Centre	Bellville - Cape Town	●	●	●
Louis Leipoldt Mediclinic	Bellville - Cape Town			●
Netcare Blaauwberg Hospital	Blaauwberg		●	
Cape Gate Mediclinic	Brackenfell			●
Christiaan Barnard Memorial Hospital	Cape Town		●	
Claremont Hospital	Claremont - Cape Town	●		●
Kingsbury Hospital	Claremont - Cape Town	●		●
Durbanville Mediclinic	Durbanville - Cape Town			●
Gatesville Medical Centre	Gatesville - Cape Town	●	●	●
Geneva Clinic	George	●	●	●
George Mediclinic	George	●	●	●
N1 City Hospital	Goodwood - Cape Town		●	
Hermanus Mediclinic	Hermanus		●	●
Knysna Private Hospital	Knysna	●	●	●
Kuils River Private Hospital	Kuils River		●	
UCT Private Academic Hospital	Mowbray		●	
Milnerton Mediclinic	Milnerton - Cape Town			●
Mitchells Plain Medical Centre	Mitchells Plain - Cape Town	●	●	●
Bayview Hospital	Mossel Bay	●	●	●
Cape Town Mediclinic	Oranjezicht - Cape Town			●
Klein Karoo Mediclinic	Oudtshoorn		●	●
Paarl Mediclinic	Paarl		●	●
Panorama Mediclinic	Panorama - Cape Town			●
Vincent Pallotti Hospital	Pinelands - Cape Town	●		●
Plettenberg Bay Mediclinic	Plettenberg Bay			●
Constantiaberg Mediclinic	Plumstead		●	●
Sport Science Orthopaedic Surgical Day Centre	Rondebosch			●
Vergelegen Mediclinic	Somerset West		●	●
Stellenbosch Mediclinic	Stellenbosch	●		●
Strand Mediclinic	Strand			●
West Coast Private Hospital	Vredenburg	●	●	●
Worcester Mediclinic	Worcester		●	●

These hospital lists are subject to change. Visit www.momentumhealth.co.za for the latest information.

Glossary of terms

1. **Emergency medical condition** means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.
2. **Prescribed Minimum Benefits (PMBs)** is a list of benefits for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act 1998.
3. **Momentum Health Rate (MHR):** Every year Momentum Health negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount we will pay per treatment. For all other providers, the amount we pay is set on an annual basis. These amounts are called the Momentum Health Rate (MHR).
4. **Chronic Disease List (CDL)** is a list of 26 chronic conditions for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act 1998.
5. **Provider definitions:**
 - a. **Network providers:** Momentum Health has agreements in place with certain providers of healthcare services. On the Ingwe and Access Options, the Scheme relies on a network of providers for chronic and day-to-day benefits, namely Ingwe or Access Primary Care Network providers.
 - b. **Associated hospitals, doctors and specialists:** These are providers that Momentum Health has negotiated agreements with. By choosing to use the Associated hospitals and doctors, you can pay a lower contribution. However, if you then do not use these providers a co-payment will apply.
 - c. **Ingwe Network hospitals:** Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Health has agreements in place with – see page 26 for the list of Ingwe Network hospitals.
 - d. **Access Network hospitals:** Members on the Access Option must make use of Access Network hospitals. These are private hospitals which Momentum Health has agreements in place with – see page 26 for the list of Access Network hospitals.
 - e. **State:** State hospitals are public facilities. You can receive a discount on your contribution by selecting State as your hospital provider on the Ingwe Option. On the Custom, Incentive and Extender Options, you can also save on your contribution by choosing State as your Chronic Benefit provider.
 - f. **Freedom-of-choice:** Members on the Summit Option can get their day-to-day and chronic treatment from any provider and can use any hospital.
 - g. **Preferred Providers:** Momentum Health has agreements in place with certain providers of healthcare services, which members need to use for specific benefits.
6. **Formulary:** A formulary is a list of medicines covered on your option, from which a doctor can prescribe the appropriate medication for your chronic condition.
7. **Clinical protocol:** Momentum Health uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions. The Scheme's network providers also apply their own clinical protocols to the benefits they offer our members.
8. **Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.
9. **Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
10. **Pre-authorisation:** Pre-authorisation is when you call us to let us know that you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with Scheme Rules, your option and membership status.
11. **Pre-notification:** Pre-notification is when you call us to let us know that you are about to use a Health Platform benefit, such as your annual dentistry check-up.
12. **Sub-limit:** A sub-limit is a limit that applies in addition to the overall limit on a specific benefit. For example, your option might provide you with an annual limit on your optical benefit, within which a sub-limit for frames applies.
13. **Out-of-hospital procedures:** These are procedures that are not performed in a hospital. For example, they could be performed in your doctor's rooms or out-patient facility.
14. **Threshold:** On the Extender Option, there is a Threshold for day-to-day claims. It is a fixed Rand amount set by the Scheme in line with your family size. Once your day-to-day claims add up to this level, your claims will be paid by the Scheme from Extended Cover.
15. **Extended Cover:** On the Extender Option, your day-to-day claims are paid by the Scheme from Extended Cover, once you have reached the Threshold level.
16. **Generic reference pricing:** Generic reference pricing is the maximum rand value that Momentum Health will pay for a medicine from a group of similar medicines. Generic medicines are available at a substantially lower cost, despite having the same active ingredient as their non-generic alternatives. Should you wish to use the non-generic medicine, you will be liable for the difference in price between the non-generic medicine and the generic reference price.

Exclusions

Prescribed Minimum Benefits

Notwithstanding the limitations and exclusions set out below, beneficiaries shall be entitled to the Prescribed Minimum Benefits.

Benefits Excluded

General exclusions mentioned in this paragraph are not affected by any specific exclusions. Unless otherwise decided by the Scheme (and with the express exception of medicine or treatment approved and authorised in terms of any health management programme contracted to the Scheme), expenses incurred in connection with any of the following will not be paid by the Scheme, but may be claimed from Savings:

1. All costs incurred during waiting periods and for conditions which existed at the date of application for membership of the Scheme but were not disclosed;
2. All costs that exceed the annual maximum allowed for the particular category as set out in Annexure B of the Scheme Rules, for the benefit to which the beneficiary is entitled in terms of the Scheme Rules;
3. Injuries or conditions sustained during willful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion;
4. Professional speed contests or professional speed trials (professional defined as where the beneficiary's main form of income is derived from partaking in these contests);
5. Illegal behaviour, negligence, or a breach of law;
6. Costs incurred as a result of failure to carry out the instructions of a medical doctor or dentist;
7. Health care provider not registered with the recognised professional body constituted in terms of an Act of parliament;
8. Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics;
9. All costs for treatment if the efficacy and safety of such treatment cannot be proved;
10. All costs for operations, medicine, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease. This includes the costs of treatment or surgery related to transsexual procedures;
11. Obesity;
12. Costs for attempted suicide that exceed the Prescribed Minimum Benefits limits;
13. Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty;
14. Medication not registered by the Medicine Control Council;
15. Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law (except a State facility/hospital);
16. Gum guards and gold used in dentures;
17. Frail care;
18. Travelling expenses, excluding benefits covered by Emergency rescue and International cover;
19. All costs, which in the opinion of the Medical Assessor are not medically necessary or appropriate to meet the health care needs of the patient;
20. Appointments which a beneficiary fails to keep;
21. Circumcision and any contraceptive measures or devices;
22. Reversal of Vasectomies or tubal ligation (sterilisation);
23. Injuries resulting from narcotism or alcohol abuse except for the Prescribed Minimum Benefits;
24. Infertility treatment that is included as Prescribed Minimum Benefits will be covered in State facilities subject to paragraph 4 of Annexure D of the Scheme Rules;
25. The cost of injury and any other related costs as a result of scuba diving to depths below 40 meters and cave diving.

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Momentum Complementary Products 2016

You can choose to make use of additional products available from Momentum to seamlessly enhance your medical aid.

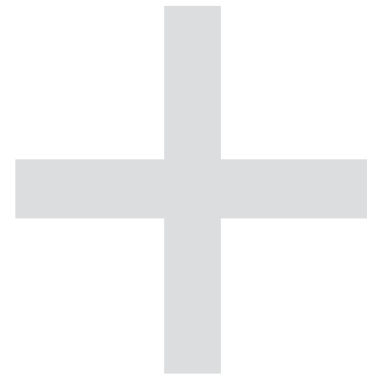
These voluntary complementary products range from a world-class wellness and rewards programme, Multiply, to the innovative HealthReturns solution.

Please note that Momentum is not a medical scheme, and is a separate entity to Momentum Health.

Membership of Momentum Health is not conditional on taking any of the complementary products that Momentum offers.

momentum

advice | insurance | investments | health



Multiply

With Momentum's wellness and rewards programme you can get healthier, fitter and financially well, plus enjoy rewards from more than 60 partners



HealthReturns

Earn up to R5 400 per adult per year, get free GP visits and boost your in-hospital specialist cover



HealthSaver

The easy way to provide for additional healthcare expenses



HealthWaiver

Let us look after your loved ones when you can't



Mobi App

The mobi app gives you access to healthcare and membership information on your cellphone



Hello Doctor

Enjoy instant access to qualified medical doctors via your mobile phone



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Reg. No. 1904/002186/06
Momentum, a division of MMI Group Limited,
an authorised financial services and credit provider

complement

Multiply

Don't just live life, multiply it.

Multiply, Momentum's wellness and rewards programme is all about helping you get more out of life. Join Multiply, and we'll commit to helping you improve your finances, health, fitness, safety and your family's education.

You earn points for undergoing assessments and taking actions to improve your health and financial wellness, enjoying increased rewards as your status level improves based on the points you have earned.

Earning points for getting fitter is easier than ever before. As a member, you will be able to record calories burned or steps taken using wearable devices or apps, thereby earning an **Active Day**. Now you will no longer be restricted to activities like going to the gym or walking, but will be able to do what you love to earn points – as long as you are active.

As a Momentum Health member, you automatically qualify for free **Multiply Starter** membership. This means you can begin your journey to wellness and enjoy limited access to rewards along the way. However, to experience the real value of Multiply, you can upgrade to a paid-for version of the programme, **Multiply Provider** or **Multiply Premier**.

+

Multiply Provider

Multiply Provider offers great value for you and the whole family. If you want to save on everyday living expenses like groceries, clothing and education then this is the choice for you.

Multiply Provider	Contribution
Single member	R59
Family of 2	R79
Per adult dependant	R10
Child dependants	Free

+

Multiply Premier

Multiply Premier is our full option that offers maximum discounts and the opportunity to save on life's essential cover like life insurance and short-term insurance, as long as your policies are with Momentum. Momentum Health members can get up to R5 400 back in HealthReturns from Momentum (excluding Ingwe).

Multiply Premier	Contribution
Single member	R179
Family of 2	R219
Family of 3 or more	R249

Save on:

		Multiply Provider +	Multiply Premier +
Myriad Life Cover		-	Up to 60% off premiums
Momentum Short-term Insurance		-	Up to 20% cash back safety bonus
Momentum Health		-	Earn up to R5 400 in HealthReturns (paid by Momentum)
Groceries at Pick n Pay		Multiply your Smart Shopper points up to 4x	Multiply your Smart Shopper points up to 10x
Clothing and back-to-school with Edgars, CNA, Jet and other Edcon stores		Up to 25% off gift cards	Up to 40% off gift cards
Fitness with Virgin Active and Planet Fitness	 	10% off	Up to 80% off
Health and nutrition from Dis-Chem	 <i>Pharmacists who care</i>	Up to 10% back in Dis-Chem points	Up to 25% back in Dis-Chem points
Travel with SAA and Etihad	  <small>A STAR ALLIANCE MEMBER</small>	-	Up to 40% off local and international flights
Flights with Mango		Up to 15% off	Up to 50% off
Travel with INTERCAPE	 <i>Safe • Dependable • Affordable</i>	Up to 25% off	Up to 40% off
Funeral services with AVBOB	 <i>We're here for you</i> <small>Since 1918</small>	50% off	50% off

Get in touch

+ Plus over 60 more partners

To find out more, visit www.momentum.co.za/multiply or call **0861 88 66 00**.

The discounts depend on your Multiply status. Terms and conditions apply to all Multiply benefits.

multiply
wellness & rewards

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HealthReturns

(Not available to Ingwe Option members)

Earn up to R5 400 per adult per year and use it to fund day-to-day healthcare expenses

Momentum pays up to **R1 800** per adult per year in HealthReturns to Momentum Health members (except those on the Ingwe Option) who go for an annual Health Assessment, comply with treatment protocols (where applicable) and are active.

If you belong to Momentum's wellness and rewards programme, **Multiply Premier**, your HealthReturns are increased up to **R3 600** a year.

If you choose to have your HealthReturns paid into your **HealthSaver** account, you can also increase your HealthReturns. This is referred to as HealthReturns Booster.

If you are on **Multiply Premier** and choose to have your HealthReturns paid into your **HealthSaver** account, your HealthReturns will increase even more (up to **R5 400**).

It is very easy to start earning HealthReturns. Momentum Health members enjoy one free Health Assessment per year through the Health Platform Benefit. This assessment is the **1st step** to earning HealthReturns. Based on your results, we may recommend further assessments. If you go for these assessments and follow the treatment plan, this would be the **2nd step** to earning HealthReturns. But, in the majority of cases, only steps one and three are needed – the **3rd step** requires you to be active.





Active Day

Your physical activity level can be measured in terms of your number of **Active Days** in a month or by going for a **fitness assessment**.

- An **Active Day** can be earned by:
- 1 Multiply gym visit (provided you belong to Virgin Active, Planet Fitness or affiliated gyms through Multiply), or
 - recording 10 000 steps in a day (through a device linked to your Multiply profile), or
 - burning 300 calories in an exercise session (through a device linked to your Multiply profile), or
 - participating in a qualifying event, such as the Momentum 947 Cycle Challenge (claimed via Entrytime online).
- If multiple activities are performed on the same day, the activity that results in the best score will be used.

Fitness Assessment

You can also go for a **fitness assessment** at Virgin Life Care or Wellness Coaching Network facility. The benefit of opting for a **fitness assessment** to determine your physical activity level is that the results are valid for 6 months. Plus, the best result of either your **fitness assessment** or your Active Days will count towards your HealthReturns.

In other words, if the result of your fitness assessment places you on Activity Level 4, but your **Active Days** for the month place you on Level 5, then your HealthReturns will be based on Activity Level 5.



You will receive a monthly SMS indicating the amount you earned by being active in the previous month. Your HealthReturns will be paid into your HealthSaver or bank account in the middle of each month.

Members on certain options can also qualify for **free GP** visits and the HealthReturns **RateBooster**, which boosts in-hospital cover for specialists by an additional 100% of the Momentum Health Rate. To qualify for these benefits, you need to receive HealthReturns into your HealthSaver account.

Criteria	Option	GP visits	RateBooster
Maintain HealthReturns level 4 or 5 for 3 consecutive months	Ingwe	HealthReturns not available	
	Access	Not available	Not available
	Custom	1	Not available
	Incentive	2	+ 100% = 300%
	Extender	4	+ 100% = 300%
	Summit	4	+ 100% = 400%

Your level of activity	Active Days	Fitness Assessment (valid for 6 months)	HealthReturns	Booster	Multiply	Total
Level 5	13+	Excellent	R150	R150	R150	R450
Level 4	10-12	Good	R100	R100	R100	R300
Level 3	7-9	Acceptable	R50	R50	R50	R150
Level 2	4-6	Fair	R25	R25	R25	R75
Level 1	0-3	Poor	R0	R0	R0	R0

- The best of your Active Days and fitness assessment result will count towards your HealthReturns
- Fitness assessments are available at Virgin Life Care and Wellness Coaching Network facilities
- The HealthReturns Booster funds are available to pay for claims once standard HealthSaver funds are depleted. The balance is carried over to the following year if not used, and only forfeited if your Momentum Health or HealthSaver membership is cancelled or suspended
- Multiply Starter and Multiply Provider members are excluded from additional returns

complement

HealthSaver



Save for additional healthcare expenses

You can use your HealthSaver not only to fund healthcare related expenses, such as co-payments, cosmetic surgery, refractive eye surgery, and vitamins (provided the claim has a valid nappi code and/or tariff code), but also your monthly medical aid contribution, provided you have accumulated sufficient funds to do so.

Momentum Health members may choose to:

- have their HealthSaver account activated, without having to pay contributions into it
- pay a monthly amount that suits their needs (minimum of R100), and
- apply for credit and have access to the full amount (up to R24 000) from the first month, subject to NCA approved credit scoring criteria.

See our section on HealthReturns to find out how you can use the HealthSaver to earn up to **R5 400** per adult per year

HealthWaiver



Ongoing cover when you need it most

Should you die, become critically ill or functionally impaired, HealthWaiver will ensure that you/ your dependants will continue to enjoy medical cover. The cost of this benefit will depend on:

- your age
- whether you smoke or not
- your choice of Momentum Health option
- as well as the benefit term (either 5 or 10 years).

Mobi App

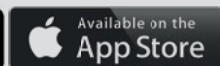


Always in touch

Momentum Health's mobi app lets you use your phone's GPS to find healthcare providers nearest to you. You can also check your HealthSaver balance and HealthReturns earned at a glance, as well as submit and track your claims. With the Momentum Health mobi app, pre-notifying for Health Platform benefits is quick and easy.



Download it from the Play Store for Android phones, or Apple iStore. Blackberry users can access our mobisite at momentumhealth.mobi.



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Get expert health advice from a qualified medical doctor via your mobile phone, whenever you need it, for FREE!

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- Text a Doctor: You can also request a text-based conversation with one of the doctors.
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Member call centre 0860 11 78 59
Emergency evacuation 082 911
Fraud hotline 0800 00 66 72

Email for queries member@momentumhealth.co.za
Email for claims claims@momentumhealth.co.za

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